

STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIOLOGICAL HEALTH
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Website: http://www.state.nj.us/dep/rpp

RADIATION PRODUCING MACHINE REGISTRATION APPLICATION

BUREAU USE ONLY

CHECK ONE:

☐ Register 1st machine in facility

NUMBER

☐ Register 2nd machine, 3rd machine, etc.

☐ Change or update information on existing registration form

REGISTRATION NO.

NOTE: Replacement of existing unit with new unit is **NOT** an update.

FACILITY NAME & ADDRESS (Print or type only)

Full Business
Name

Owner's Name

First

M. Init.

Last

(MD,DDS
Title DVM,etc)

Address

Street

City

State

Zip Code + 4 digit

County

Telephone

Area Code

Fax

Area Code

Bill To Address--if different from above

MACHINE INFORMATION- MUST BE COMPLETED IN FULL

(A separate registration is required for each tube)

Enter Machine Category (see attachment for descriptions) _____

Manufacturer _____ Model Name _____

Console Model No. _____ Console Serial No. _____

Tube Insert

Serial No.: _____ Max kVp: _____ Max mA _____ Max MeV _____

(if needed)

Room ID (Building, Color, No) if applicable: _____

Date Acquired: _____ Registration Application Date: _____

REGULATORY REQUIREMENTS

1. The New Jersey Administrative Code 7:28-3.12 requires owners of all ionizing-radiation-producing equipment to register within 30 days of acquisition.
2. NJAC 7:28 requires such owners have a radiation surveys performed on the equipment within 60 days of acquisition. See NJAC 7: 28 for specifics. Owners are responsible for ensuring compliance with all regulations of NJAC 7:28 et seq.

**DO NOT SEND CHECK WITH
REGISTRATION APPLICATION.
You will be invoiced within 30 days.**

Print Name

Title

Signature

Date

FOR BUREAU USE ONLY

Date Received _____ Date Returned _____ Bureau Representative _____